



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

Appendix G, Operational Requirements

**Substance Use Disorder Treatment and Recovery Support Services
(RFP-2022-BDAS-01-SUBST)**

The Vendor shall comply with the following Operational Requirements:

1. Requirements for Organizational or Program Changes.

1.1. The Vendor shall provide the Department with written notice at least 30 days prior to changes in any of the following:

- 1.1.1. Ownership;
- 1.1.2. Physical location; or
- 1.1.3. Name.

1.2. When there is a new administrator, the following shall apply:

1.2.1. The Vendor shall notify the Department in writing as soon as possible prior to a change in administrator and immediately when an administrator position becomes vacant, and provide the Department with the following:

- 1.2.1.1. The written disclosure of the new administrator required in Section 1.2 above;
- 1.2.1.2. A resume identifying the name and qualifications of the new administrator; and
- 1.2.1.3. Copies of applicable licenses for the new administrator;

1.2.2. When there is a change in the name, the Vendor shall submit to the Department a copy of the certificate of amendment from the New Hampshire Secretary of State, if applicable, and the effective date of the name change.

1.2.3. When a Vendor discontinues a contracted program, it shall submit to the Department:

- 1.2.3.1. A plan to transfer, discharge or refer all clients being served in the contracted program; and
- 1.2.3.2. A plan for the security and transfer of the client's records being served in the contracted program as required by Sections 12.8 – 12.10 below and with the consent of the client.

2. Inspections.

2.1. For the purpose of determining compliance with the contract, the Vendor shall admit and allow any Department representative at any time to inspect the following:

- 2.1.1. The facility premises;
- 2.1.2. All programs and services provided under the contract; and



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 2.1.3. Any records required by the contract.
- 2.2. A notice of deficiencies shall be issued when, as a result of any inspection, the Department determines that the Vendor is in violation of any of the contract requirements.
- 2.3. If the notice identifies deficiencies to be corrected, the Vendor shall submit a plan of correction in accordance within 21 working days of receiving the inspection findings.
- 3. Administrative Remedies.
 - 3.1. The Department shall impose administrative remedies for violations of contract requirements, including:
 - 3.1.1. Requiring a Vendor to submit a plan of correction (POC);
 - 3.1.2. Imposing a directed POC upon a Vendor;
 - 3.1.3. Suspension of a contract; or
 - 3.1.4. Revocation of a contract.
 - 3.2. When administrative remedies are imposed, the Department shall provide a written notice, as applicable, which:
 - 3.2.1. Identifies each deficiency;
 - 3.2.2. Identifies the specific proposed remedy(ies); and
 - 3.2.3. Provides the Vendor with information regarding the right to a hearing in accordance with RSA 541-A and NH Administrative Rule He-C 200.
 - 3.3. A POC shall be developed and enforced in the following manner:
 - 3.3.1. Upon receipt of a notice of deficiencies, the Vendor shall submit a written POC within 21 days of the date on the notice describing:
 - 3.3.1.1. How the Vendor intends to correct each deficiency;
 - 3.3.1.2. What measures will be put in place, or what system changes will be made to ensure that the deficiency does not recur; and
 - 3.3.1.3. The date by which each deficiency shall be corrected which shall be no later than 90 days from the date of submission of the POC;
 - 3.3.2. The Department shall review and accept each POC that:
 - 3.3.2.1. Achieves compliance with contract requirements;
 - 3.3.2.2. Addresses all deficiencies and deficient practices as cited in the inspection report;
 - 3.3.2.3. Prevents a new violation of contract requirements as a result of implementation of the POC; and
 - 3.3.2.4. Specifies the date upon which the deficiencies will be corrected;
 - 3.4. If the POC is acceptable, the Department shall provide written notification of acceptance of the POC;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 3.5. If the POC is not acceptable, the Department shall notify the Vendor in writing of the reason for rejecting the POC;
- 3.6. The Vendor shall develop and submit a revised POC within 21 days of the date of the written notification in 3.5 above;
- 3.7. The revised POC shall comply with 3.3.1 above and be reviewed in accordance with 3.3.2 above;
- 3.8. If the revised POC is not acceptable to the Department, or is not submitted within 21 days of the date of the written notification in 3.5 above, the Vendor shall be subject to a directed POC in accordance with 3.12 below;
- 3.9. The Department shall verify the implementation of any submitted and accepted POC by:
 - 3.9.1. Reviewing materials submitted by the Vendor;
 - 3.9.2. Conducting a follow-up inspection; or
 - 3.9.3. Reviewing compliance during the next scheduled inspection;
- 3.10. Verification of the implementation of any POC shall only occur after the date of completion specified by the Vendor in the plan; and
- 3.11. If the POC or revised POC has not been implemented by the completion date, the Vendor shall be issued a directed POC in accordance with 3.12 below.
- 3.12. The Department shall develop and impose a directed POC that specifies corrective actions for the Vendor to implement when:
 - 3.12.1. As a result of an inspection, deficiencies were identified that require immediate corrective action to protect the health and safety of the clients or personnel;
 - 3.12.2. A revised POC is not submitted within 21 days of the written notification from the Department; or
 - 3.12.3. A revised POC submitted has not been accepted.
4. Duties and Responsibilities of All Vendors.
 - 4.1. The Vendor shall comply with all federal, state, and local laws, rules, codes, ordinances, licenses, permits, and approvals, and rules promulgated thereunder, as applicable.
 - 4.2. The Vendor shall monitor, assess, and improve, as necessary, the quality of care and service provided to clients on an ongoing basis.
 - 4.3. The Vendor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Vendor.
 - 4.4. The Vendor shall develop and implement written policies and procedures governing its operation and all services provided.
 - 4.5. All policies and procedures shall be reviewed, revised, and trained on per Vendor policy.
 - 4.6. The Vendor shall:
 - 4.6.1. Employ an administrator responsible for the day-to-day operation of the Vendor;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 4.6.2. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
- 4.6.3. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Vendor the staff position(s) to be delegated the authority and responsibility to act in the administrator's behalf when the administrator is absent.
- 4.7. The Vendor shall post the following documents in a public area:
 - 4.7.1. A copy of the Vendor's policies and procedures relative to the implementation of client rights and responsibilities, including client confidentiality per 42 CFR Part 2; and
 - 4.7.2. The Vendor's plan for fire safety, evacuation and emergencies identifying the location of, and access to all fire exits.
- 4.8. The Vendor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
- 4.9. The Vendor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
- 4.10. The Vendor shall admit and allow any Department representative to inspect the certified premises and all programs and services that are being provided at any time for the purpose of determining compliance with the contract.
- 4.11. The Vendor shall:
 - 4.11.1. Report all critical incidents and sentinel events to the Department;
 - 4.11.2. Submit additional information if required by the Department; and
 - 4.11.3. Report the event to other agencies as required by law.
- 4.12. The Vendor shall implement policies and procedures for reporting:
 - 4.12.1. Suspected child abuse, neglect or exploitation, in accordance with RSA 169-C:29-30; and
 - 4.12.2. Suspected abuse, neglect or exploitation of adults, in accordance with RSA 149-F: 49.
- 4.13. The Vendor shall report all positive tuberculosis (TB) test results for personnel to the office of disease control in accordance with RSA 141-C: 7 and NH Administrative Rules He-P 301.02 and He-P 301.03.
- 4.14. For residential programs, if the Vendor accepts a client who is known to have a disease reportable under NH Administrative Rule He-P 301 or an infectious disease, which is any disease caused by the growth of microorganisms in the body which may or may not be contagious, the Vendor shall follow the required procedures for the care of the clients, as specified by the United States Centers for Disease Control and Prevention 2007 Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 4.15. Vendors shall implement state and federal regulations on client confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12;
- 4.16. A Vendor shall, upon request, provide a client or the client's guardian or agent, if any, with a copy of his or her client record within the confines for 42 CFR Part 2.
- 4.17. The Vendor shall develop policies and procedures regarding the release of information contained in client records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:10.
- 4.18. All records required by the contract shall be legible, current, accurate and available to the Department during an inspection or investigation conducted in accordance with this contract.
- 4.19. Any Vendor that maintains electronic records shall develop written policies and procedures designed to protect the privacy of clients and personnel that, at a minimum, include:
 - 4.19.1. Procedures for backing up files to prevent loss of data;
 - 4.19.2. Safeguards for maintaining the confidentiality of information pertaining to clients and staff; and
 - 4.19.3. Systems to prevent tampering with information pertaining to clients and staff.
- 4.20. The Vendor's service site(s) shall:
 - 4.20.1. Be accessible to a person with a disability using ADA accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq;
 - 4.20.2. Have a reception area separate from living and treatment areas;
 - 4.20.3. Have private space for personal consultation, charting, treatment and social activities, as applicable;
 - 4.20.4. Have secure storage of active and closed confidential client records; and
 - 4.20.5. Have separate and secure storage of toxic substances.
- 4.21. The Vendor shall establish and monitor a code of ethics for the Vendor and its staff, as well as a mechanism for reporting unethical conduct.
- 4.22. The Vendor shall maintain specific policies on the following:
 - 4.22.1. Client rights, grievance and appeals policies and procedures;
 - 4.22.2. Progressive discipline, leading to administrative discharge;
 - 4.22.3. Reporting and appealing staff grievances;
 - 4.22.4. Policies on client alcohol and other drug use while in treatment;
 - 4.22.5. Policies on client and employee smoking that are in compliance with Exhibit A, Section 2.11;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 4.22.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
 - 4.22.7. Policies and procedures for holding a client's possessions;
 - 4.22.8. Secure storage of staff medications;
 - 4.22.9. A client medication policy;
 - 4.22.10. Urine specimen collection, as applicable, that:
 - 4.22.10.1. Ensures collection is conducted in a manner that preserves client privacy as much as possible; and
 - 4.22.10.2. Minimizes falsification;
 - 4.22.11. Safety and emergency procedures on the following:
 - 4.22.11.1. Medical emergencies;
 - 4.22.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 4.22.11.3. Reporting employee injuries;
 - 4.22.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures;
 - 4.22.11.5. Emergency closings; and
 - 4.22.11.6. Posting of the above safety and emergency procedures;
 - 4.22.12. Procedures for protection of client records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 4.22.13. Procedures related to quality assurance and quality improvement.
5. Collection of Fees.
- 5.1. The Vendor shall maintain procedures regarding collections from client fees, private or public insurance, and other payers responsible for the client's finances; and
 - 5.2. At the time of screening and admission the Vendor shall provide the client, and the client's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge.
6. Client Screening and Denial of Services.
- 6.1. Vendors shall maintain a record of all client screenings, including:
 - 6.1.1. The client name and/or unique client identifier;
 - 6.1.2. The client referral source;
 - 6.1.3. The date of initial contact from the client or referring agency;
 - 6.1.4. The date of screening;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 6.1.5. The result of the screening, including the reason for denial of services if applicable;
- 6.1.6. For any client who is placed on a waitlist, record of referrals to and coordination with regional access point and interim services or reason that such a referral was not made;
- 6.1.7. Record of all client contacts between screening and removal from the waitlist; and
- 6.1.8. Date client was removed from the waitlist and the reason for removal.
- 6.2. For any client who is denied services, the Vendor is responsible for:
 - 6.2.1. Informing the client of the reason for denial; and
 - 6.2.2. Assisting the client in identifying and accessing appropriate available treatment.
- 6.3. The Vendor shall not deny services to a client solely because the client:
 - 6.3.1. Previously left treatment against the advice of staff;
 - 6.3.2. Relapsed from an earlier treatment;
 - 6.3.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 6.3.4. Has been diagnosed with a mental health disorder.
- 6.4. The Vendor shall report on 6.1 and 6.2 above at the request of the Department.
- 7. Personnel Requirements.
 - 7.1. The Vendor shall develop a current job description for all staff, including contracted staff, volunteers, and student interns, which shall include:
 - 7.1.1. Job title;
 - 7.1.2. Physical requirements of the position;
 - 7.1.3. Education and experience requirements of the position;
 - 7.1.4. Duties of the position;
 - 7.1.5. Positions supervised; and
 - 7.1.6. Title of immediate supervisor.
 - 7.2. The Vendor shall develop and implement policies regarding criminal background checks of prospective employees, which shall, at a minimum, include:
 - 7.2.1. Requiring a prospective employee to sign a release to allow the Vendor to obtain his or her criminal record;
 - 7.2.2. Requiring the administrator or his or her designee to obtain and review a criminal records check from the New Hampshire Department of safety for each prospective employee;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 7.2.3. Criminal background standards regarding the following, beyond which shall be reason to not hire a prospective employee in order to ensure the health, safety, or well-being of clients:
 - 7.2.3.1. Felony convictions in this or any other state;
 - 7.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 7.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 7.2.4. Waiver of 7.2.3 above for good cause shown.
- 7.3. All staff, including contracted staff, shall:
 - 7.3.1. Meet the educational, experiential, and physical qualifications of the position as listed in their job description;
 - 7.3.2. Not exceed the criminal background standards established by 7.2.3 above, unless waived for good cause shown, in accordance with policy established in 7.2.4 above;
 - 7.3.3. Be licensed, registered or certified as required by state statute and as applicable;
 - 7.3.4. Receive an orientation within the first 3 days of work or prior to direct contact with clients, which includes:
 - 7.3.4.1. The Vendor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 7.3.4.2. The Vendor's policies on client rights and responsibilities and complaint procedures;
 - 7.3.4.3. Confidentiality requirements as required by Sections 4.15 and 4.19.2 above and Section 17 below;
 - 7.3.4.4. Grievance procedures for both clients and staff as required in Section 4.22.1 and 4.22.3 above and Section 18 below;
 - 7.3.4.5. The duties and responsibilities and the policies, procedures, and guidelines of the position they were hired for;
 - 7.3.4.6. Topics covered by both the administrative and personnel manuals;
 - 7.3.4.7. The Vendor's infection prevention program;
 - 7.3.4.8. The Vendor's fire, evacuation, and other emergency plans which outline the responsibilities of personnel in an emergency; and
 - 7.3.4.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F and RSA 169-C:29; and
 - 7.3.5. Sign and date documentation that they have taken part in an orientation as described in 7.3.4 above;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 7.3.6. Complete a mandatory annual in-service education, which includes a review of all elements described in 7.3.4 above.
- 7.4. Prior to having contact with clients, employees and contracted employees shall:
 - 7.4.1. Submit to the Vendor proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 7.4.1.1. The name of the examinee;
 - 7.4.1.2. The date of the examination;
 - 7.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 7.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 7.4.1.5. The dated signature of the licensed health practitioner;
 - 7.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
 - 7.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of Tuberculosis in Health Facilities Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to Mycobacterium TB through shared air space with persons with infectious TB.
- 7.5. Employees, contracted employees, volunteers and independent Vendors who have direct contact with clients who have a history of TB or a positive skin test shall have a symptomatology screen of a TB test.
- 7.6. The Vendor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student, volunteer, and contracted staff. A personnel file shall include, at a minimum, the following:
 - 7.6.1. A completed application for employment or a resume, including:
 - 7.6.2. Identification data;
 - 7.6.3. The education and work experience of the employee;
 - 7.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 7.6.4.1. Position title;
 - 7.6.4.2. Qualifications and experience; and
 - 7.6.4.3. Duties required by the position;
 - 7.6.5. Written verification that the person meets the Vendor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 7.6.6. A signed and dated record of orientation as required by 7.3.4 above;
- 7.6.7. A copy of each current New Hampshire license, registration or certification in health care field and CPR certification, if applicable;
- 7.6.8. Records of screening for communicable diseases results required in 7.4 above;
- 7.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 7.6.10. Documentation of annual in-service education as required by 7.3.6 above;
- 7.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 7.6.12. A signed statement acknowledging the receipt of the Vendor's policy setting forth the client's rights and responsibilities, including confidentiality requirements, and acknowledging training and implementation of the policy;
- 7.6.13. A statement, which shall be signed at the time the initial offer of employment is made and then annually thereafter, stating that he or she:
 - 7.6.13.1. Does not have a felony conviction in this or any other state;
 - 7.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a client; and
 - 7.6.13.3. Has not had a finding by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person; and
- 7.6.14. Documentation of the criminal records check and any waivers per 7.2 above.
- 7.7. An individual need not re-disclose any of the matters in 7.6.13 and 7.6.14 above if the documentation is available and the Vendor has previously reviewed the material and granted a waiver so that the individual can continue employment.
- 8. Clinical Supervision.
 - 8.1. Vendors shall comply with the following clinical supervision requirements for unlicensed counselors:
 - 8.1.1. All unlicensed staff providing treatment, education and/or recovery support services shall be under the direct supervision of a licensed supervisor.
 - 8.1.2. No licensed supervisor shall supervise more than 12 unlicensed staff unless the Department has approved an alternative supervision plan.
 - 8.1.3. Unlicensed counselors shall receive at least one (1) hour of supervision for every 20 hours of direct client contact;
 - 8.1.4. Supervision shall be provided on an individual or group basis, or both, depending upon the employee's need, experience and skill level;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 8.1.5. Supervision shall include following techniques:
 - 8.1.5.1. Review of case records;
 - 8.1.5.2. Observation of interactions with clients;
 - 8.1.5.3. Skill development; and
 - 8.1.5.4. Review of case management activities;
 - 8.1.6. Supervisors shall maintain a log of the supervision date, duration, content and who was supervised by whom; and
 - 8.1.7. Individuals licensed or certified shall receive supervision in accordance with the requirement of their licensure.
9. Clinical Services.
- 9.1. Each Vendor shall have and adhere to a clinical care manual which includes policies and procedures related to all clinical services provided.
 - 9.2. All clinical services provided shall:
 - 9.2.1. Focus on the client's strengths;
 - 9.2.2. Be sensitive and relevant to the diversity of the clients being served;
 - 9.2.3. Be client and family centered; and
 - 9.2.4. Be trauma informed, which means designed to acknowledge the impact of violence and trauma on people's lives and the importance of addressing trauma in treatment; and
 - 9.3. Upon a client's admission, the Vendor shall conduct a client orientation, either individually or by group, to include the following:
 - 9.3.1. Rules, policies, and procedures of the Vendor, program, and facility;
 - 9.3.2. Requirements for successfully completing the program;
 - 9.3.3. The administrative discharge policy and the grounds for administrative discharge;
 - 9.3.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements;
 - 9.3.5. Requiring the client to sign a receipt that the orientation was conducted; and
 - 9.3.6. Upon a client's admission to treatment, the Vendor shall conduct an HIV/AIDS screening, to include:
 - 9.3.6.1. The provision of information;
 - 9.3.6.2. Risk assessment;
 - 9.3.6.3. Intervention and risk reduction education, and
 - 9.3.6.4. Referral for testing, if appropriate, within 7 days of admission.
10. Treatment and Rehabilitation.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 10.1. A Licensed Alcohol and Drug Counselor (LADC) or an unlicensed counselor under the supervision of a LADC shall develop and maintain a written treatment plan for each client in accordance with TAP 21: Addiction Counseling Competencies available at <http://store.samhsa.gov/list/series?name=Technical-Assistance-Publications-TAPs-&pageNumber=1> which addresses all ASAM domains.
- 10.2. Treatment plans shall be developed as follows:
 - 10.2.1. Within seven (7) days following admission to any residential program; and
 - 10.2.2. No later than the third session of an ambulatory treatment program.
- 10.3. Individual treatment plans shall contain, at a minimum, the following elements:
 - 10.3.1. Goals, objectives, and interventions written in terms that are specific, measurable, attainable, realistic and timely;
 - 10.3.2. Identifies the recipient's clinical needs, treatment goals, and objectives;
 - 10.3.3. Identifies the client's strengths and resources for achieving goals and objectives in 10.3.1 above;
 - 10.3.4. Defines the strategy for providing services to meet those needs, goals, and objectives;
 - 10.3.5. Identifies referral to outside Vendors for the purpose of achieving a specific goal or objective when the service cannot be delivered by the treatment program;
 - 10.3.6. Provides the criteria for terminating specific interventions;
 - 10.3.7. Includes specification and description of the indicators to be used to assess the individual's progress;
 - 10.3.8. Documentation of participation by the client in the treatment planning process or the reason why the client did not participate; and
 - 10.3.9. Signatures of the client and the counselor agreeing to the treatment plan, or if applicable, documentation of the client's refusal to sign the treatment plan.
- 10.4. Treatment plans shall be updated based on any changes in any American Society of Addiction Medicine Criteria (ASAM) domain and no less frequently than every four (4) sessions or every four (4) weeks, whichever is less frequent.
- 10.5. Treatment plan updates shall include:
 - 10.5.1. Documentation of the degree to which the client is meeting treatment plan goals and objectives;
 - 10.5.2. Modification of existing goals or addition of new goals based on changes in the clients functioning relative to ASAM domains and treatment goals and objectives;
 - 10.5.3. The counselor's assessment of whether or not the client needs to move to a different level of care based on changes in functioning in any ASAM domain and documentation of the reasons for this assessment; and



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 10.5.4. The signature of the client and the counselor agreeing to the updated treatment plan, or if applicable, documentation of the client's refusal to sign the treatment plan.
- 10.6. In addition to the individualized treatment planning in 10.3 above, all Vendors shall provide client education on:
 - 10.6.1. Substance use disorders;
 - 10.6.2. Relapse prevention;
 - 10.6.3. Infectious diseases associated with injection drug use, including but not limited to, HIV, hepatitis, and TB;
 - 10.6.4. Sexually transmitted diseases;
 - 10.6.5. Emotional, physical, and sexual abuse;
 - 10.6.6. Nicotine use disorder and cessation options; and
 - 10.6.7. The impact of drug and alcohol use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of drug and alcohol use during pregnancy.
- 10.7. Group education and counseling
 - 10.7.1. The Vendor shall maintain an outline of each educational and group therapy session provided.
 - 10.7.2. All group counseling sessions shall be limited to 12 clients or fewer per counselor.
- 10.8. Progress notes
 - 10.8.1. A progress note shall be completed for each individual, group, or family treatment or education session.
 - 10.8.2. Each progress note shall contain the following components:
 - 10.8.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as it relates to the current treatment plan;
 - 10.8.2.2. Assessment, including progress, evaluation of intervention, and obstacles or barriers; and
 - 10.8.2.3. Plan, including tasks to be completed between sessions, objectives for next session, any recommended changes, and date of next session.
- 10.9. Residential programs shall maintain a daily shift change log which documents such things as client behavior and significant events that a subsequent shift should be made aware of.
- 11. Client Discharge and Transfer.
 - 11.1. A client shall be discharged from a program for the following reasons:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 11.1.1. Program completion or transfer based on changes in the client's functioning relative to ASAM criteria;
- 11.1.2. Program termination, including:
 - 11.1.2.1. Administrative discharge;
 - 11.1.2.2. Non-compliance with the program;
 - 11.1.2.3. The client left the program before completion against advice of treatment staff; and
- 11.1.3. The client is inaccessible, such as the client has been jailed or hospitalized.
- 11.2. In all cases of client discharge or transfer, the counselor shall complete a narrative discharge summary, including, at a minimum:
 - 11.2.1. The dates of admission and discharge or transfer;
 - 11.2.2. The client's psychosocial substance abuse history and legal history;
 - 11.2.3. A summary of the client's progress toward treatment goals in all ASAM domains;
 - 11.2.4. The reason for discharge or transfer;
 - 11.2.5. The client's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment;
 - 11.2.6. A summary of the client's physical condition at the time of discharge or transfer;
 - 11.2.7. A continuing care plan, including all ASAM domains;
 - 11.2.8. A determination as to whether the client would be eligible for re-admission to treatment, if applicable; and
 - 11.2.9. The dated signature of the counselor completing the summary.
- 11.3. The discharge summary shall be completed:
 - 11.3.1. No later than seven (7) days following a client's discharge or transfer from the program; or
 - 11.3.2. For withdrawal management services, by the end of the next business day following a client's discharge or transfer from the program.
- 11.4. When transferring a client, either from one level of care to another within the same certified Vendor agency or to another treatment Vendor, the counselor shall:
 - 11.4.1. Complete a progress note on the client's treatment and progress towards treatment goals, to be included in the client's record; and
 - 11.4.2. Update the client assessment and treatment plan.
- 11.5. When transferring a client to another treatment Vendor, the current Vendor shall forward copies of the following information to the receiving Vendor, only after a release of confidential information is signed by the client:
 - 11.5.1. The discharge summary;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 11.5.2. Client demographic information, including the client's name, date of birth, address, telephone number, and the last four (4) digits of his or her Social Security number; and
- 11.5.3. A diagnostic assessment statement and other assessment information, including:
 - 11.5.3.1. TB test results;
 - 11.5.3.2. A record of the client's treatment history; and
 - 11.5.3.3. Documentation of any court-mandated or agency-recommended follow-up treatment.
- 11.6. The counselor shall meet with the client at the time of discharge or transfer to establish a continuing care plan that:
 - 11.6.1. Includes recommendations for continuing care in all ASAM domains;
 - 11.6.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 11.6.3. Assists the client in making contact with other agencies or services.
- 11.7. The counselor shall document in the client record if and why the meeting in Section 11.6 above could not take place.
- 11.8. A Vendor may administratively discharge a client from a program only if:
 - 11.8.1. The client's behavior on program premises is abusive, violent, or illegal;
 - 11.8.2. The client is non-compliant with prescription medications;
 - 11.8.3. Clinical staff documents therapeutic reasons for discharge, which may include the client's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 11.8.4. The client violates program rules in a manner that is consistent with the Vendor's progressive discipline policy.
- 12. Client Record System.
 - 12.1. Each Vendor shall have policies and procedures to implement a comprehensive client record system, in either paper form or electronic form, or both, that complies with this section.
 - 12.2. The client record of each client served shall communicate information in a manner that is:
 - 12.2.1. Organized into related sections with entries in chronological order;
 - 12.2.2. Easy to read and understand;
 - 12.2.3. Complete, containing all the parts; and
 - 12.2.4. Up-to-date, including notes of most recent contacts.
 - 12.3. The client record shall include, at a minimum, the following components, organized as follows:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

12.3.1. First section, Intake/Initial Information:

12.3.1.1. Identification data, including the client's:

12.3.1.1.1. Name;

12.3.1.1.2. Date of birth;

12.3.1.1.3. Address;

12.3.1.1.4. Telephone number; and

12.3.1.1.5. The last four (4) digits of the client's Social Security number;

12.3.1.2. The date of admission;

12.3.1.3. If either of these have been appointed for the client, the name and address of:

12.3.1.3.1. The guardian; and

12.3.1.3.2. The representative payee;

12.3.1.4. The name, address, and telephone number of the person to contact in the event of an emergency;

12.3.1.5. Contact information for the person or entity referring the client for services, as applicable;

12.3.1.6. The name, address, and telephone number of the primary health care Vendor;

12.3.1.7. The name, address, and telephone number of the behavioral health care Vendor, if applicable;

12.3.1.8. The name and address of the client's public or private health insurance Vendor(s), or both;

12.3.1.9. The client's religious preference, if any;

12.3.1.10. The client's personal health history;

12.3.1.11. The client's mental health history;

12.3.1.12. Current medications;

12.3.1.13. Records and reports prepared prior to the client's current admission and determined by the counselor to be relevant; and

12.3.1.14. Signed receipt of notification of client rights;

12.3.2. Second section, Screening/Assessment/Evaluation:

12.3.2.1. Documentation of all elements of screening, assessment and evaluation required by Exhibit A, Sections 6 and 10.2;

12.3.3. Third section, Treatment Planning:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 12.3.3.1. The individual treatment plan, updated at designated intervals in accordance with Sections 10.2 – 10.5 above; and
- 12.3.3.2. Signed and dated progress notes and reports from all programs involved, as required by Section 10.8 above;
- 12.3.4. Fourth section, Discharge Planning:
 - 12.3.4.1. A narrative discharge summary, as required by Sections 11.2 and 11.3 above;
- 12.3.5. Fifth section, Releases of Information/Miscellaneous:
 - 12.3.5.1. Release of information forms compliant with 42 CFR, Part 2;
 - 12.3.5.2. Any correspondence pertinent to the client; and
 - 12.3.5.3. Any other information the Vendor deemed significant.
- 12.4. If the Vendor utilizes a paper format client record system, then the sections in Section 12.3 above shall be tabbed sections.
- 12.5. If the Vendor utilizes an electronic format, the sections in Section 12.3 above shall not apply provided that all information listed in Section 12.3 above is included in the electronic record.
- 12.6. All client records maintained by the Vendor or its sub-contractors, including paper files, facsimile transmissions, or electronic data transfers, shall be strictly confidential.
- 12.7. All confidential information shall be maintained within a secure storage system at all times as follows:
 - 12.7.1. Paper records and external electronic storage media shall be kept in locked file cabinets;
 - 12.7.2. All electronic files shall be password protected; and
 - 12.7.3. All confidential notes or other materials that do not require storage shall be shredded immediately after use.
 - 12.7.4. Vendors shall retain client records after the discharge or transfer of the client, as follows:
 - 12.7.4.1. For a minimum of 7 years for an adult; and
 - 12.7.4.2. For a minimum of 7 years after age of majority for children.
- 12.8. In the event of a program closure, the Vendor closing its treatment program shall arrange for the continued management of all client records. The closing Vendor shall notify the Department in writing of the address where records will be stored and specify the person managing the records.
- 12.9. The closing Vendor shall arrange for storage of each record through one or more of the following measures:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 12.9.1. Continue to manage the records and give written assurance to the Department that it will respond to authorized requests for copies of client records within 10 working days;
- 12.9.2. Transfer records of clients who have given written consent to another Vendor; or
- 12.9.3. Enter into a limited service organization agreement with another Vendor to store and manage records.

13. Medication Services.

- 13.1. No administration of medications, including physician samples, shall occur except by a licensed medical practitioner working within their scope of practice.
- 13.2. All prescription medications brought by a client to program shall be in their original containers and legibly display the following information:
 - 13.2.1. The client's name;
 - 13.2.2. The medication name and strength;
 - 13.2.3. The prescribed dose;
 - 13.2.4. The route of administration;
 - 13.2.5. The frequency of administration; and
 - 13.2.6. The date ordered.
- 13.3. Any change or discontinuation of prescription medications shall require a written order from a licensed practitioner.
- 13.4. All prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the client's person or stored in the client's room, shall be stored as follows:
 - 13.4.1. All medications shall be kept in a storage area that is:
 - 13.4.1.1. Locked and accessible only to authorized personnel;
 - 13.4.1.2. Organized to allow correct identification of each client's medication(s);
 - 13.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 13.4.1.4. Equipped to maintain medication at the proper temperature;
 - 13.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, shall be kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel; and
 - 13.4.3. Topical liquids, ointments, patches, creams and powder forms of products shall be stored in a manner such that cross-contamination with oral, optic, ophthalmic, and parenteral products shall not occur.
- 13.5. Medication belonging to personnel shall not be accessible to clients, nor stored with client medication.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 13.6. Over-the-counter (OTC) medications shall be handled in the following manner:
 - 13.6.1. Only original, unopened containers of OTC medications shall be allowed to be brought into the program;
 - 13.6.2. OTC medication shall be stored in accordance with Section 13.4 above; and
 - 13.6.3. OTC medication containers shall be marked with the name of the client using the medication and taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 13.7. All medications self-administered by a client, with the exception of nitroglycerin, epipens, and rescue inhalers, which may be taken by the client without supervision, shall be supervised by the program staff, as follows:
 - 13.7.1. Staff shall remind the client to take the correct dose of his or her medication at the correct time;
 - 13.7.2. Staff may open the medication container but shall not be permitted to physically handle the medication itself in any manner; and
 - 13.7.3. Staff shall remain with the client to observe them taking the prescribed dose and type of medication;
- 13.8. For each medication taken, staff shall document in an individual client medication log the following:
 - 13.8.1. The medication name, strength, dose, frequency and route of administration;
 - 13.8.2. The date and the time the medication was taken;
 - 13.8.3. The signature or identifiable initials of the person supervising the taking of said medication; and
 - 13.8.4. The reason for any medication refused or omitted.
- 13.9. Upon a client's discharge:
 - 13.9.1. The client medication log in Section 13.8 above shall be included in the client's record; and
 - 13.9.2. The client shall be given any remaining medication to take with him or her
- 14. Notice of Client Rights
 - 14.1. Programs shall inform clients of their rights under these rules in clear, understandable language and form, both verbally and in writing as follows:
 - 14.1.1. Applicants for services shall be informed of their rights to evaluations and access to treatment;
 - 14.1.2. Clients shall be advised of their rights upon entry into any program and at least once a year after entry; and
 - 14.1.3. Initial and annual notifications of client rights in Section 14 above shall be documented in the client's record.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

14.2. Every program within the service delivery system shall post notice of the rights, as follows:

14.2.1. The notice shall be posted continuously and conspicuously;

14.2.2. The notice shall be presented in clear, understandable language and form; and

14.2.3. Each program and residence shall have on the premises complete copies of rules pertaining to client rights that are available for client review.

15. Fundamental Rights.

15.1. No person receiving treatment for a substance use disorder shall be deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

16. Personal Rights.

16.1. Persons who are applicants for services or clients in the service delivery system shall be treated by program staff with dignity and respect at all times.

16.2. Clients shall be free from abuse, neglect and exploitation including, at a minimum, the following:

16.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;

16.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the client or others; and

16.2.3. Freedom from personal or financial exploitation.

16.3. Clients shall have the right to privacy.

17. Client Confidentiality

17.1. All Vendors shall adhere to the confidentiality requirements in 42 CFR part 2.

17.2. In cases where a client, attorney or other authorized person, after review of the record, requests copies of the record, a program shall make such copies available free of charge for the first 25 pages and not more than 25 cents per page thereafter.

17.3. If a minor age 12 or older is treated for drug abuse without parental consent as authorized by RSA 318:B12-a, the following shall apply:

17.3.1. The minor's signature alone shall authorize a disclosure; and

17.3.2. Any disclosure to the minor's parents or guardians shall require a signed authorization to release.

18. Client Grievances

18.1. Clients shall have the right to complain about any matter, including any alleged violation of a right afforded by these rules or by any state or federal law or rule.

18.2. Any person shall have the right to complain or bring a grievance on behalf of an individual client or a group of clients.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 18.3. The rules governing procedures for protection of client rights found at NH Administrative Rule He-C 200 shall apply to such complaints and grievances.

19. Treatment Rights.

- 19.1. Each client shall have the right to adequate and humane treatment, including:

19.1.1. The right of access to treatment including:

- 19.1.1.1. The right to evaluation to determine an applicant's need for services and to determine which programs are most suited to provide the services needed; and

- 19.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and

19.1.2. The right to quality treatment including:

- 19.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the persons and programs providing the treatment and to the conditions for which the client is being treated;

- 19.1.3. The right to receive services in such a manner as to promote the client's full participation in the community;

- 19.1.4. The right to receive all services or treatment to which a person is entitled in accordance with the time frame set forth in the client's individual treatment plan;

- 19.1.5. The right to an individual treatment plan developed, reviewed and revised in accordance with Sections 10.1 – 10.5 above which addresses the client's own goals;

- 19.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the client to participate in meaningful activities in the communities in which the client lives and works;

- 19.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment including programs which least restrict:

- 19.1.7.1. Freedom of movement; and

- 19.1.7.2. Participation in the community, while providing the level of support needed by the client;

- 19.1.8. The right to be informed of all significant risks, benefits, side effects and alternative treatment and services and to give consent to any treatment, placement or referral following an informed decision such that:

- 19.1.8.1. Whenever possible, the consent shall be given in writing; and

- 19.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 19.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 19.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 19.1.11. The right to voluntary placement including the right to:
 - 19.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 19.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 19.1.12. The right to services which promote independence including services directed toward:
 - 19.1.12.1. Eliminating, or reducing as much as possible, the client's needs for continued services and treatment; and
 - 19.1.12.2. Promoting the ability of the clients to function at their highest capacity and as independently as possible;
- 19.1.13. The right to refuse medication and treatment;
- 19.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 19.1.15. The right to consultation and second opinion including:
 - 19.1.15.1. At the client's own expense, the consultative services of:
 - 19.1.15.1.1. Private physicians;
 - 19.1.15.1.2. Psychologists;
 - 19.1.15.1.3. Licensed drug and alcohol counselors; and
 - 19.1.15.1.4. Other health practitioners; and
 - 19.1.15.2. Granting to such health practitioners reasonable access to the client, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 19.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring client participation and informed decision-making:
 - 19.1.16.1. Guardian;
 - 19.1.16.2. Representative;
 - 19.1.16.3. Attorney;
 - 19.1.16.4. Family member;
 - 19.1.16.5. Advocate; or
 - 19.1.16.6. Consultant; and
- 19.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical or pharmacological restraint.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 19.2. No treatment professional shall be required to administer treatment contrary to such professional's clinical judgment.
- 19.3. Programs shall, whenever possible, maximize the decision-making authority of the client.
- 19.4. In furtherance of Section 19.3 above, the following provisions shall apply to clients for whom a guardian has been appointed by a court of competent jurisdiction:
 - 19.4.1. The program shall ensure that in the course of service provision, the guardian and all persons involved in the provision of service are made aware of the client's views, preferences and aspirations;
 - 19.4.2. A guardian shall only make decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 19.4.3. The program shall request a copy of the guardianship order from the guardian and the order shall be kept in the client's record at the program;
 - 19.4.4. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the client's choice and preference relative to those issues shall prevail unless the guardian's authority is expanded by the court to include those issues;
 - 19.4.5. A program shall take such steps as are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 19.4.5.1. Reviewing with the guardian the limits on his or her decision-making authority; and
 - 19.4.5.2. If necessary, bringing the matter to the attention of the court that appointed the guardian;
 - 19.4.6. The guardian shall act in a manner that furthers the best interests of the client;
 - 19.4.7. In acting in the best interests of the client, the guardian shall take into consideration the views, preferences and aspirations of the client;
 - 19.4.8. The program shall take such steps as are necessary to prevent a guardian from acting in a manner that does not further the best interests of the client and, if necessary, bring the matter to the attention of the court that appointed the guardian; and
 - 19.4.9. In the event that there is a dispute between the program and the guardian, the program shall inform the guardian of his or her right to bring the dispute to the attention of the probate court that appointed the guardian.
- 20. Termination of Services.
 - 20.1. A client shall be terminated from a Vendor's service if the client:
 - 20.1.1. Endangers or threatens to endanger other clients or staff, or engages in illegal activity on the property of the program;



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 20.1.2. Is no longer benefiting from the service(s) he or she is receiving;
- 20.1.3. Cannot agree with the program on a mutually acceptable course of treatment;
- 20.1.4. Refuses to pay for the services that he or she is receiving despite having the financial resources to do so; or
- 20.1.5. Refuses to apply for benefits that could cover the cost of the services that he or she is receiving despite the fact that the client is or might be eligible for such benefits.
- 20.2. A termination from a Vendor's services shall not occur unless the program has given both written and verbal notice to the client and client's guardian, if any, that:
 - 20.2.1. Give the effective date of termination;
 - 20.2.2. List the clinical or management reasons for termination; and
 - 20.2.3. Explain the rights to appeal and the appeal process pursuant to NH Administrative Rule He-C 200.
- 20.3. A Vendor shall document in the record of a client who has been terminated that:
 - 20.3.1. The client has been notified of the termination; and
 - 20.3.2. The termination has been approved by the program director.
- 21. Client Rights in Residential Programs.
 - 21.1. In addition to the foregoing rights, clients of residential programs shall also have the following rights:
 - 21.1.1. The right to a safe, sanitary and humane living environment;
 - 21.1.2. The right to privately communicate with others, including:
 - 21.1.2.1. The right to send and receive unopened and uncensored correspondence;
 - 21.1.2.2. The right to have reasonable access to telephones and to be allowed to make and to receive reasonable numbers of telephone calls except that residential programs may require a client to reimburse them for the cost of any calls made by the client; and
 - 21.1.2.3. The right to receive and to refuse to receive visitors except that residential programs may impose reasonable restrictions on the number and time of visits in order to ensure effective provision of services;
 - 21.1.3. The right to engage in social and recreational activities including the provision of regular opportunities for clients to engage in such activities;
 - 21.1.4. The right to privacy, including the following:
 - 21.1.4.1. The right to courtesies such as knocking on closed doors before entering and ensuring privacy for telephone calls and visits;
 - 21.1.4.2. The right to opportunities for personal interaction in a private setting except that any conduct or activity which is illegal shall be prohibited; and



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 21.1.4.3. The right to be free from searches of their persons and possessions except in accordance with applicable constitutional and legal standards;
 - 21.1.5. The right to individual choice, including the following:
 - 21.1.5.1. The right to keep and wear their own clothes;
 - 21.1.5.2. The right to space for personal possessions;
 - 21.1.5.3. The right to keep and to read materials of their own choosing;
 - 21.1.5.4. The right to keep and spend their own money; and
 - 21.1.5.5. The right not to work and to be compensated for any work performed, except that:
 - 21.1.5.5.1. Clients may be required to perform personal housekeeping tasks within the client's own immediate living area and equitably share housekeeping tasks within the common areas of the residence, without compensation; and
 - 21.1.5.5.2. Clients may perform vocational learning tasks or work required for the operation or maintenance of a residential program, if the work is consistent with their individual treatment plans and the client is compensated for work performed; and
 - 21.1.6. The right to be reimbursed for the loss of any money held in safekeeping by the residence.
 - 21.2. Nothing in Section 21 shall prevent a residence from having policies governing the behavior of the residents.
 - 21.3. Clients shall be informed of any house policies upon admission to the residence.
 - 21.4. House policies shall be posted and such policies shall be in conformity with this section.
 - 21.5. House policies shall be periodically reviewed for compliance with this section in connection with quality assurance site visits.
 - 21.6. Notwithstanding Section 21.1.4.3 above, Vendors may develop policies and procedures that allow searches for alcohol and illicit drugs be conducted:
 - 21.6.1. Upon the client's admission to the program; and
 - 21.6.2. If probable cause exists, including such proof as:
 - 21.6.2.1. A positive test showing presence of alcohol or illegal drugs; or
 - 21.6.2.2. Showing physical signs of intoxication or withdrawal.
22. State and Federal Requirements
- 22.1. If there is any error, omission, or conflict in the requirements listed below, the applicable Federal, State, and Local regulations, rules and requirements shall control. The requirements specified below are provided herein to increase the Vendor's compliance.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 22.2. The Vendor agrees to the following state and/or federal requirements for Program requirements for specialty treatment for pregnant and parenting women:
 - 21.2.1. The program treats the family as a unit and, therefore, admits both women and their children into treatment, if appropriate.
 - 21.2.2. The program provides or arranges for primary medical care for women who are receiving substance abuse services, including prenatal care.
 - 21.2.3. The program provides or arranges for child care with the women are receiving services.
 - 21.2.4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.
 - 21.2.5. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.
 - 21.2.6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
 - 21.2.7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services described above.
- 22.3. Arrange for means activities to assist the client in finding and engaging in a service, which may include, but is not limited to helping the client to locate an appropriate provider, referring clients to the needed service provider, setting up appointments for clients with those providers, and assisting the client with attending appointments with the service provider.
- 22.4. The Vendor agrees to the following state and federal requirements for all programs in this Contract as follows:
 - 22.4.1. Within 7 days of reaching 90% of capacity, the program notifies the state that 90% capacity has been reached.
 - 22.4.2. The program admits each individual who requests and is in need of treatment for intravenous drug abuse not later than:
 - 22.4.2.1. 14 days after making the request; or
 - 22.4.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance abuse treatment program
 - 22.4.3. The program offers interim services that include, at a minimum, the following:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 22.4.3.1. Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur
- 22.4.3.2. Referral for HIV or TB treatment services, if necessary
- 22.4.3.3. Individual and/or group counseling on the effects of alcohol and other drug use on the fetus for pregnant women and referrals for prenatal care for pregnant women
- 22.4.4. The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.
- 22.4.5. The program has a mechanism that enables it to:
 - 22.4.5.1. Maintain contact with individuals awaiting admission;
 - 22.4.5.2. Admit or transfer waiting list clients at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the client; and
 - 22.4.5.3. The program takes clients awaiting treatment off the waiting list only when one of the following conditions exist:
 - 22.4.5.3.1. Such persons cannot be located for admission into treatment or
 - 22.4.5.3.2. Such persons refuse treatment
- 22.4.6. The program carries out activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 22.4.7. The program has procedures for:
 - 22.4.7.1. Selecting, training, and supervising outreach workers.
 - 22.4.7.2. Contacting, communicating, and following up with high-risk substance abusers, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 22.4.7.3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.
 - 22.4.7.4. Recommending steps that can be taken to ensure that HIV transmission does not occur.
- 22.4.8. The program directly, or through arrangements with other public or non-profit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 22.4.8.1. Counseling the individual with respect to TB.
- 22.4.8.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual.
- 22.4.8.3. Providing for or referring the individuals infected by mycobacteria TB appropriate medical evaluation and treatment.
- 22.4.9. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.
- 22.4.10. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
 - 22.4.10.1. Screening patients and identification of those individuals who are at high risk of becoming infected.
 - 22.4.10.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2.
 - 22.4.10.3. Case management activities to ensure that individuals receive such services.
 - 22.4.10.4. The program reports all individuals with active TB as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.
- 22.4.11. The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant funded treatment services. Further, the program gives preference to clients in the following order:
 - 22.4.11.1. To pregnant and injecting drug users first.
 - 22.4.11.2. To other pregnant substance users second.
 - 22.4.11.3. To other injecting drug users third.
 - 22.4.11.4. To all other individuals fourth.
- 22.4.12. The program refers all pregnant women to the State when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- 22.4.13. The program makes available interim services within 48 hours to pregnant women who cannot be admitted because of lack of capacity.
- 22.4.14. The program makes continuing education in treatment services available to employees who provide the services.
- 22.4.15. The program has in effect a system to protect patient records from inappropriate disclosure, and the system:



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 22.4.15.1. Is in compliance with all Federal and State confidentiality requirements, including 42 CFR part 2.
- 22.4.15.2. Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.
- 22.4.16. The program does not expend SAPT Block Grant funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met:
 - 22.4.16.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 22.4.16.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 22.4.16.3. A physician makes a determination that the following conditions have been met:
 - 22.4.16.3.1. The primary diagnosis of the individual is substance abuse and the physician certifies that fact.
 - 22.4.16.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program.
 - 22.4.16.3.3. The service can be reasonably expected to improve the person's condition or level of functioning.
 - 22.4.16.3.4. The hospital-based substance abuse program follows national standards of substance abuse professional practice.
 - 22.4.16.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 22.4.17. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 22.4.18. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 22.4.19. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 22.4.20. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.



New Hampshire of Health and Human Services Substance Use Disorder Treatment and Recovery Support Services

- 22.4.21. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 22.4.22. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 22.4.23. The program uses the SAPT Block Grant as the “payment of last resort” for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 22.4.23.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 22.4.23.2. Secure from patients of clients payments for services in accordance with their ability to pay.
- 22.4.24. The Vendor shall comply with all relevant state and federal laws such as but not limited to:
 - 22.4.24.1. The Vendor shall, upon the direction of the State, provide court-ordered evaluation and a sliding fee scale (in Exhibit B) shall apply and submission of the court-ordered evaluation and shall, upon the direction of the State, offer treatment to those individuals.
 - 22.4.24.2. The Vendor shall comply with the legal requirements governing human subject’s research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Vendors must inform and receive the Department’s approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.
 - 22.4.24.3. Vendors shall comply with the Department’s Sentinel Event Reporting Policy.